

CLAIMS ONLY							Application Number <u>10/750252</u>	Filing Date		
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	I						51			
2		I					52			
3		I					53			
4		I					54			
5							55			
6							56			
7		I					57			
8	I						58			
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10	I						60			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	<u>22</u>						Total Indep			
Total Depend	<u>9</u>						Total Depend			
Total Claims	<u>9</u>						Total Claims			